

## **Application Data Sheet**

### **Application Information**

|                                  |                 |
|----------------------------------|-----------------|
| Application Type::               | Regular         |
| Subject Matter::                 | Utility         |
| Suggested Classification::       |                 |
| Suggested Group Art Unit::       | 3752            |
| CD-ROM or CD-R?::                | None            |
| Number of CD Disks::             |                 |
| Number of Copies of CDs::        |                 |
| Sequence Submission?::           |                 |
| Computer Readable Form (CRF)?::  |                 |
| Number of copies of CRF::        |                 |
| Title::                          | LIQUID ATOMIZER |
| Attorney Docket Number::         | ZUR=1A          |
| Request for Early Publication?:: | No              |
| Request for Non-Publication?::   | No              |
| Suggested Drawing Figure::       |                 |
| Total Drawing Sheets::           | 13              |
| Small Entity?::                  | No              |
| Latin Name::                     |                 |
| Variety Denomination Name::      |                 |
| Petition Included::              | No              |
| Petition Type::                  |                 |
| Licensed US Govt. Agency::       |                 |
| Contract or Grant Numbers::      |                 |
| Secrecy Order in Parent Appl.?:: | No              |

### **Applicant Information**

|                               |               |
|-------------------------------|---------------|
| Applicant Authority Type::    | Inventor      |
| Primary Citizenship Country:: | Israel        |
| Status::                      | Full Capacity |
| Given Name::                  | Yoel          |
| Middle Name::                 |               |

Family Name:: ZUR  
Name Suffix::  
City of Residence:: Korazim  
State or Province of Residence::  
Country of Residence:: ISRAEL  
Street of Mailing Address:: No. 4  
City of Mailing Address:: Korazim  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 12391  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Gandin  
Middle Name::  
Family Name:: VITALY  
Name Suffix::  
City of Residence:: Qiriat Shmone  
State or Province of Residence::  
Country of Residence:: ISRAEL  
Street of Mailing Address::  
City of Mailing Address:: Qiriat Shmone  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 11632  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Zohar  
Middle Name::  
Family Name:: KATZMAN  
Name Suffix::  
City of Residence:: Haifa

State or Province of Residence::

Country of Residence:: ISRAEL

Street of Mailing Address:: 25 Rubenstein Street

City of Mailing Address:: Haifa

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 34987

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: David

Middle Name::

Family Name:: DE VRIES

Name Suffix::

City of Residence:: Herzeliya

State or Province of Residence::

Country of Residence:: ISRAEL

Street of Mailing Address:: 10 Chovevei Zion ZStreet

City of Mailing Address:: Herzeliya

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 46455

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application Continuation of 09/722,388 11/28/00

**Foreign Priority Information**

|           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| Israel    | 133226               | 11/30/99      | Yes                |

**Assignment Information**

|   |                         |
|---|-------------------------|
| Assignee Name::                         | DAN MAMTIRIM            |
| Street of Mailing Address::             | Kibbutz Dan             |
| City of Mailing Address::               | Doar Na Hagalil Haelion |
| State or Province of Mailing Address::  |                         |
| Country of Mailing Address::            | Israel                  |
| Postal or Zip Code of Mailing Address:: | 12245                   |